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CONTINUED PROSECUTION APPLICATION (CPA)  
REQUEST TRANSMITTAL

Submit an original, and a duplicate for fee processing.  
(Only for Continuation or Divisional applications under 37 C.F.R. § 1.53(d))

CHECK BOX, if applicable:

☐ DUPLICATE

Address to:

Assistant Commissioner for Patents  
Box CPA  
Washington, DC 20231

Attorney Docket No. of Prior Application	902.739-1
First Named Inventor	Volkmar Heuer
Examiner Name	
Group / Art Unit	
Express Mail Label No.	762 606 369 US

This is a request for a ☐ continuation or ☒ divisional application under 37 C.F.R. § 1.53(d),  
(continued prosecution application (CPA)) of prior application number, 09 / 150,150  
filed on Sep. 9, 1998, entitled Method for Transmitting Data Packets and Network Element for Carrying Out the Method

NOTES

CERTIFICATE OF EXPRESS MAILING

I here by certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Box CPA, Washington, D.C. 20231, as "Express Mail Post Office to Addressee" EL 762 606 369 US

Date: Jan. 23, 2001

Name: Eileen C LaPak

request, 37 C.F.R. § 1.78(a).

- ☐ Enter the unentered amendment previously filed on \_\_\_\_\_ under 37 C.F.R. § 1.116 in the prior nonprovisional application.
- ☒ A preliminary amendment is enclosed.
- This application is filed by fewer than all the inventors named in the prior application, 37 C.F.R. § 1.53 (d)(4).
  - ☐ DELETE the following inventor(s) named in the prior nonprovisional application:  
\_\_\_\_\_
  - ☐ The inventor(s) to be deleted are set forth on a separate sheet attached hereto.
- ☐ A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.
- Information Disclosure Statement (IDS) is enclosed:
  - ☒ PTO-1449
  - ☐ Copies of IDS Citations

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.

(Continued Prosecution Application (CPA) Request Transmittal (PTO/SB/29)) [4-2.1]—page 1

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PTO/SB/29 (8/98)  
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS <small>(37 C.F.R. § 1.16(c) or (j))</small>	TOTAL CLAIMS	16	-20* =		x \$ _____ = \$
	INDEPENDENT CLAIMS	2	-3** =		x \$ _____ =
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))				+ \$ _____ =
					BASIC FEE <small>(37 C.F.R. § 1.16)</small>
					710.00
				Total of above Calculations =	710.00
Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).					
* <i>Reissue claims in excess of 20 and over original patent.</i> ** <i>Reissue independent claims over original patent.</i>					
TOTAL =					710.00

**6. Small entity status:**

- a. ☐ A small entity statement is enclosed, if (b) and (c) do not apply.  
b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.  
c. ☐ Is no longer claimed.

**7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. \_\_\_\_\_:**

- a. ☐ Fees required under 37 C.F.R. § 1.16.  
b. ☐ Fees required under 37 C.F.R. § 1.17.  
c. ☐ Fees required under 37 C.F.R. § 1.18.

**8. ☒ A check in the amount of \$ 710.00 is enclosed.**

**9. ☒ New Attorney Docket Number, if desired 902.739-1**

(Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.)

**10 a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)**

**b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)**

**11. ☒ Other: Application Data Sheet**

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**NOTE:** The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

**12. NEW CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<div style="border: 1px solid black; padding: 5px; display: inline-block;">4955</div>	or <input type="checkbox"/> New correspondence address below
(Insert Customer No. or Attach bar code label here)		

Name	Milton Oliver				
Address					
City		State		Zip Code	
Country		Telephone	(203) 261-1234	Fax	(203) 261-5676

**13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print/Type)	Milton Oliver
Signature	<i>Milton Oliver</i>
Registration No. (Attorney/Agent)	28,333
Date	January 18, 2001